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Crossover Web Portal Claim Submission

For the CMS 1500 Claims
WPXCMS200-09

Welcome to the WebEx training session for The Crossover Web Portal Claim Submission for the CMS 1500 claims. Before participating in this session the following pre-requisite are required:

1. CMSWP101-09 [submission of CMS 1500 via GHP Web Portal]
2. UB04101-0 [submission of UB04 via GHP Web Portal]
3. Must be a registered user

Learning Objectives

- ❑ Set up Crossover CMS 1500 Web Claim
- ❑ Add Claim Data
- ❑ Add Medicare information from EOMB
- ❑ Add Insurance Data
- ❑ Add Line Item Data
- ❑ Submit your completed Medicare/Medicaid EOMB information

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Topics of Discussion

❑ The Explanation of Medicare Benefits (EOMB)
❑ A CMS 1500 Crossover Claim
❑ Claim Data Tab
❑ Insurance Data Tab
❑ Line Item Data Tab

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Explanation of Medicare Benefits

Explanation of Medicare Benefits (EOMB) is a notice/report that is sent to the physician after a claim has been originally filed with Medicare.

The EOMB indicates the procedure codes billed, the Medicare allowed amount, the Medicare paid amount and the patient responsibility.

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The following information is required:
❑ The Member's Medicare EOMB
❑ The Adjustment Reason Codes from the EOMB
❑ The EOMB Payer Identifier (Carrier Code)

You can find the carrier code for the member by checking member eligibility
in the Coordination of Benefits section. You will only need the last four
digits of the carrier code (payer identifier) listed.

If you don't see the carrier's name listed on the eligibility screen in MMIS, locate it on the
GHP Web Portal: go to the **Provider Information Tab,** click the **Documents and Forms
Portlet,** scroll down to **COB Carrier Listing Alpha.**

Before You Get Started: Medicaid Policy

It is very important that you read and understand Medicaid policy, please refer to the following:

❑ Medicaid Secondary Claims User Guide Version 4.0.

❑ Part I Policies and Procedures/Billing Manual

    ❑ Section 202, 204 and Chapter 300

    ❑ Appendix L Billing Manual - Coordination of Benefits for Secondary Claim Submission

Before You Get Started: Resources

- ❑ Explanation of Medicare Benefits
- ❑ EOMB Payer Identifier (Carrier Codes)
- ❑ Adjustment Reason Codes

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Claims Menu: Professional

Slide 7

Within **Enter a Claim** portlet, click **CMS 1500 Professional.**

Claim Data

Slide 8

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Within the **Claim Data** portlet:

1. Enter all required fields.

- If the claim is for dates of service prior to 05/22/08, you will need to enter the Medicare legacy number under the Rendering Medicare ID.

- Select **Secondary** from the drop down box in the **Payer Responsibility Sequence Number** portlet.

2. Click number **2** or **Next.**

If the claim is for dates of service prior to 05/22/08, you will need to enter the Medicare legacy number under the Rendering Medicare ID.
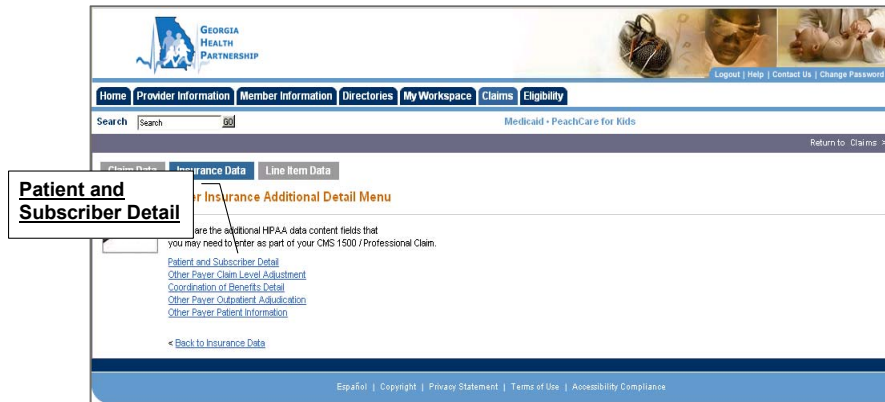
Insurance Data

Slide 9

Within the **Insurance Data** portlet:

1. Enter all required fields.
- Insurance Company Name
- Insurer First and Last Name
- Amount Paid
- Date Paid/Denied
2. Click **Add Additional Details to Payer.**

Important

If you are attempting to bill just for the member's co-pay only enter the paid amount of the Primary Insurance EOMB. If the Medicare payer pays an amount equal to or more than the Medicaid maximum allowable, there is no additional benefit available from Medicaid.

Insurance Data: Other Insurance Additional Detail Menu

Within the **Insurance Data** portlet, click **Patient and Subscriber Detail.**

Insurance Data: Patient and Subscriber Detail

Slide 11

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Within the **Patient and Subscriber Detail** portlet:

1. Enter required fields:
   - Payer Responsibility Sequence Code
   - Insurance Type Code
   - Claim Filing Indicator Code

2. Click **Add to Claim and Return to Detail Menu**. This takes you back to the **Other Insurance Additional Detail Menu** page.
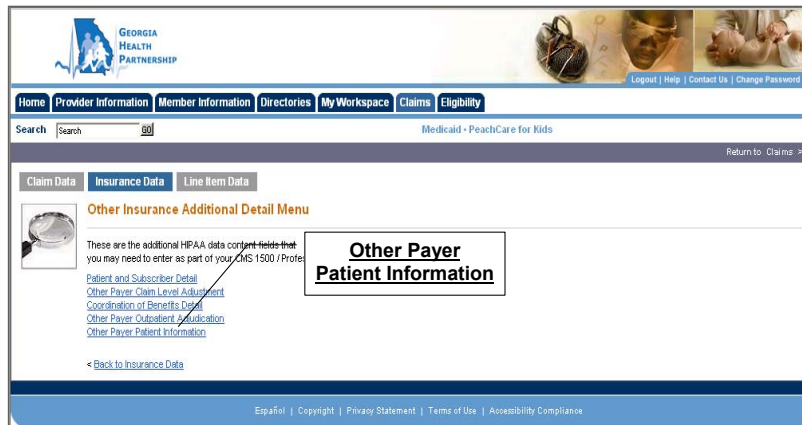
Slide 12

Within the **Other Insurance Additional Detail Menu** portlet, click **Other Payer Patient Information.** This takes you to Other Payer Patient Information portlet.

Other Patient Payer Information

Under Other Payer Patient Information portlet:

1. Enter **Payer Identifier/Carrier Code.**
2. Click **Add to Claim and Return to Claim Entry.**

Add Insurance Data

Slide 14

1. Enter Insurance Information.
2. Click **Add Insurance Data.**

Important

You must click **Add Insurance Data** for every payer you enter before you move to the next page.

Verification of Insurance Data

Slide 15

1. View all payer or payers information under **Payer View Area.**

2. Make sure you see Yes where **Additional Detail has been added** is displayed.

3. Edit if needed under **Edit Payer Information** portlet.

4. Any additional supplemental insurance policy information will need to be inputted.

5. Click the number **3** or **Next**.

Slide 16

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1. Enter all required fields:

    - Place of Service

    - Procedure Code

    - Units of Service

    - Date Range

    - Diagnosis Code Indicator

    - Charge Amount

2. Click **Add Additional Details to Line**.

Important

If you are billing just for the member's co-payment, enter the co-payment amount in the **Charge Amount** field.

Within the **Line Item Data** portlet, click **Other Payer Line Adjudication and Service Adjustment.**

Slide 18

Within the Line Item Data

1. Enter all required fields: (This is where you will do a breakdown of each line from your EOMB)

    • Line Adjudication including: Other Payer Identifier, Service Line Paid Amount, Approved (allowed) Amount

    • Service Adjustment including: Claim Adjustment Group Code, Adjustment Reason Code, Adjustment Amount (Slide 19 - provides a few examples of the Adjustment Reason Codes

2. Click **Add** to populate to the web screen when complete.

3. Click **Add to Claim and Return to Claim Entry** and continue on to Slide 24. If you need to enter NDC, Serial Numbers, etc: click **Add to Claim and Return to Detail Menu** and continue to Slide 22 for details.

Important: Co-insurance Amounts

If you are billing just for the Member's co-insurance amount, enter the paid amount in the **Service Paid Amount** field and approved amount in the **Approved Amount** field.

Adjustment Reason Codes

Adjustment reason codes are located on the explanation of benefits from Medicare. These codes are needed to correctly enter a EOMB or crossover claim.

Frequently used adjustment reason codes:

- ❑ 1 Deductible Amount
- ❑ 2 Co-insurance Amount
- ❑ 3 Co-payment Amount
- ❑ 45 Charges exceed your contracted/legislated fee arrangement
- ❑ 96 Non-covered charge(s)

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If the adjustment reason code is not listed on the EOMB access the HIPPA website: www.wpc-edi/codes.

To obtain the adjustment reason code needed, which should reflect on the EOMB: www.wpc-edi/codes.

EOMB Payer Identifier (Carrier Code)

- ❑ 00510 Alabama BS (Cahaba GBA)
- ❑ 00511 Alabama BS (Cahaba GBA)
- ❑ 00512 Alabama BS (Cahaba GBA) Svs Options
- ❑ 00590 Florida BS (Florida First Coast Svs Options)
- ❑ 00591 Florida BS (Florida First Coast)
- ❑ 00820 Noridian Administrative Services
- ❑ 00824 Noridian Administrative Services
- ❑ 66001 Noridian Administrative Services
- ❑ 00880 Palmetto GBA (SC BS)
- ❑ 00882 Palmetto GBA (SC BS)
- ❑ 00900 Trailblazer Health Enterprises
- ❑ 05440 Connecticut General Life (CIGNA
- ❑ 05535 Connecticut General Life (CIGNA)
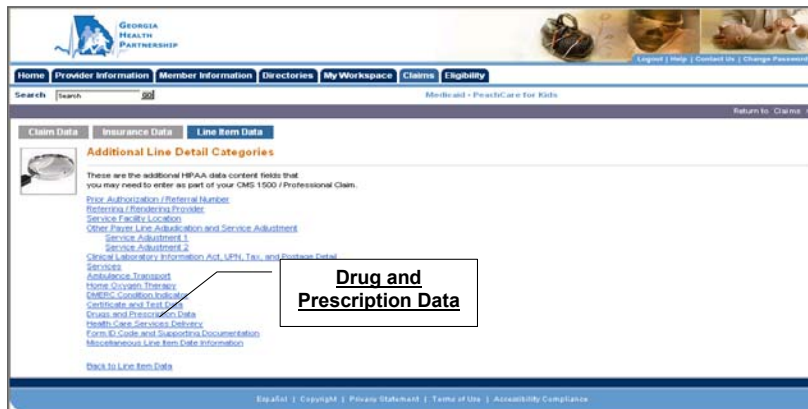
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Instructions to Enter Injectable Drugs/NDC

To enter Injectable Drugs/NDC information follow instructions on slides 21-23; if you are not entering Injectable Drugs/NDC information, continue to slide 24.

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Within the **Line Item Data** portlet slide 18 titled: **Additional Line Detail Categories.**
Click **Drug and Prescription Data.**

Line Item Data: Entering An NDC Number (continue)

Within the **Drug and Prescription Data** portlet:
1. Enter required fields - the NDC with no dashes.
2. Click **Add.**
3. Click **Add to Claim and Return to Claim Entry.**

Line Item Data: Verification Page

Slide 24

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Within the **Line Item Data** portlet:

1. Click **Add Line Item.**

2. Click **Add Line Item** for every line you enter before you move to the next page or the line will be lost.

3. Click **Review Claim** once all information has been added.

Review Claim Tab

Review the claim and scroll down to the bottom.

Click **Submit** if all information is accurate.

CMS 1500 Claim: Confirmation

Thank you for your participation in the Medicaid/PeachCare for Kids Program. Your claim has been received. The Transaction Control Number for your claim is: 60910020230452356

Please review the claim status information listed below. You may also obtain claim status information through the Claim Status Inquiry area of this web site, or click the "Contact Us" feature in the upper right-hand corner of this page, or call the Customer Interaction Center (CIC) at (40 298-1228 or (800) 766-4456 .

You may wish to print this screen for your records.

Claim TCN Number

Payment Amount	Status	Exception Codes
$ 0.00	To be Denied	3348 3348 2750 4361 4361 5016 5016

Exception Codes

Member Information

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The confirmation page contains:
- The claim Transaction Control Number TCN.
- Claim status information exception codes if applicable.
- Contact information for clarity on status.

To understand the exceptions that have caused any problems with your submitted claim, click **Exception Code(s)** to see their definitions.

Exception Code and Explanation Page
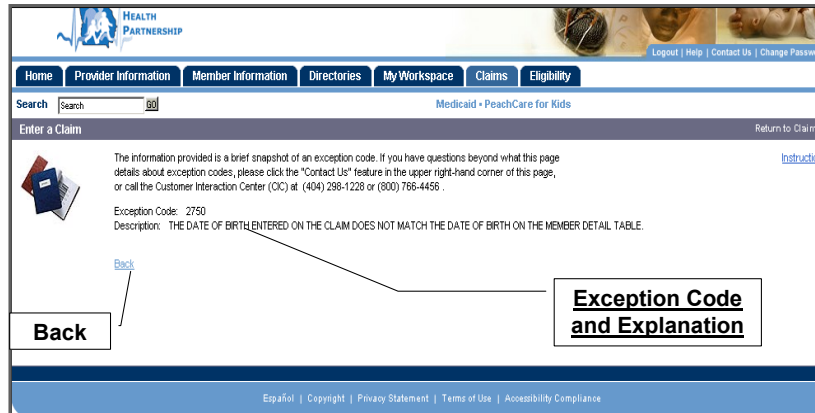
Slide 28

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Under the **Exception Code and Explanation** page, click **Back** to compare the data you've entered with the patient data you have hard copy.

Example

For exception code 2750, the explanation is that the DOB entered on the claim does not match the member's information stored in MHN.

In Summary

From this claim you are now able to:

❑ Understand the Medicare Process

❑ Add the Claim Data from your EOMB Claim

❑ Add Insurance Data to Include: Payer Identifier to your Claim

❑ Add Line Item Details

❑ Submit your Claim on the Web

❑ Review your Claim and Exception Codes

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